

04-06-01

Please type a plus sign inside this box ☐

PTO/SB/05 (08/00)

Approved for use through 10/31/2002, OMB 0651-0032

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04/05/01

# UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 1.53(b)

Attorney Docket No. 11980076

First Inventor Olsen, et al

Title Method, Article of Manufacture .....

Express Mail Label No. EK837074365US

JC991 U.S. PTO  
09/826652

04/05/01

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patent  
Box Patent Application  
Washington, D.C. 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See CFR 1.27.
3. ☒ Specification [Total Pages / 28 / ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets / 5 / ]
5. ☒ Oath or Declaration [Total Pages / 3 / ]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other: Checks in the amount of \$782, \$188, \$40

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No: \_\_\_/\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

|         |                           |           |                |          |                |
|---------|---------------------------|-----------|----------------|----------|----------------|
| NAME    | R. Kent Roberts           |           |                |          |                |
|         | Hodgson Russ LLP          |           |                |          |                |
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| CITY    | Buffalo                   | STATE     | New York       | ZIP CODE | 14203-2391     |
| COUNTRY | United States of America  | TELEPHONE | (716) 856-4000 | FAX      | (716) 849-0349 |

"Express Mail" Mailing Label Number EK837074365US

Date of Deposit April 5, 2001

Approved for use through 10/31/2002, OMB 0651-0032

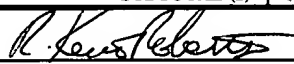
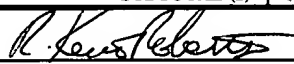
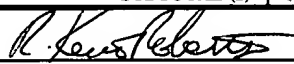
# FEE TRANSMITTAL

## for FY 2001

*Patent Fees are subject to annual revision.*

|                        |               |
|------------------------|---------------|
| Application Number     |               |
| Filing Date            | April 5, 2001 |
| First Named Inventor   | Olsen, et al  |
| Examiner Name          |               |
| Group/Art Unit         |               |
| Attorney Docket Number | 11983.0076    |

|                         |             |
|-------------------------|-------------|
| TOTAL AMOUNT OF PAYMENT | (\$ ) 1,010 |
|-------------------------|-------------|

| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p>       | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Deposit Account Number:</th> <th style="width: 10%;">Large Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 10%;">Small Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 5%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>08-2442</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deposit Account Name: Hodgson Russ LLP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</td> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>2. <input checked="" type="checkbox"/> Payment Enclosed:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit Card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</td> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td><b>FEE CALCULATION</b></td> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>\$</td> </tr> <tr> <td><b>1. FILING FEE</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Large Entity   Small Entity</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code   Fee (\$)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code   Fee (\$)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Description</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Paid</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>101 710 201 355 Utility filing fee</td> <td>\$ 710</td> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>106 320 206 160 Design filing fee</td> <td>\$</td> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td>\$</td> </tr> <tr> <td>107 490 207 245 Plant filing fee</td> <td>\$</td> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td>\$</td> </tr> <tr> <td>108 710 208 355 Reissue filing fee</td> <td>\$</td> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td>\$</td> </tr> <tr> <td>114 150 214 75 Provisional filing fee</td> <td>\$</td> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td>\$</td> </tr> <tr> <td><b>SUBTOTAL (1)</b></td> <td>\$ 710</td> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td><b>2. EXTRA CLAIM FEES</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extra Fee from Claims below</td> <td>Fee Paid</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Claims / 30/ -20** = /10/ x /18/ =</td> <td>\$ 180</td> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>Independent Claims /4/ - 3** = /1/ x /80/ =</td> <td>\$ 80</td> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>Multiple dependent / / x / / =</td> <td>\$</td> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>Large Entity   Small Entity</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code   Fee (\$)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code   Fee (\$)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Description</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>103 18 203 9 Claims in excess of 20</td> <td></td> <td>140</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>102 80 202 40 Independent claims in excess of 3</td> <td></td> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>104 270 204 135 Multiple dependent claim if not paid</td> <td></td> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>109 80 209 40 **Reissue independent claims over original patent</td> <td></td> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>\$</td> </tr> <tr> <td>110 18 210 9 **Reissue claims in excess of 20 and over original patent</td> <td></td> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td><b>SUBTOTAL (2)</b></td> <td>\$ 260</td> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$ 40</td> </tr> <tr> <td><b>SIGNATURE:</b> </td> <td></td> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection(37 CFR 1.129(a))</td> <td>\$</td> </tr> <tr> <td>R. Kent Roberts   Reg. No. 40,786</td> <td></td> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td>\$</td> </tr> <tr> <td><b>DATE:</b> April 5, 2001   <b>Telephone:</b> (716) 848-1510</td> <td></td> <td colspan="4" style="text-align: center;">*Reduced by basic filing fee paid</td> <td><b>SUBTOTAL (3)</b></td> <td>\$ 40</td> </tr> </tbody> </table> | Deposit Account Number:           | Large Fee Code | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$)  | Fee Description | Fee Paid | 08-2442 |  |  |  |  |  |  | Deposit Account Name: Hodgson Russ LLP |  |  |  |  |  |  | <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | \$ | 2. <input checked="" type="checkbox"/> Payment Enclosed: |  |  |  |  |  |  | <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | 139 | 130 | 139 | 130 | Non-English specification | \$ | <b>FEE CALCULATION</b> | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | \$ | <b>1. FILING FEE</b> |  |  |  |  |  |  | Large Entity   Small Entity |  |  |  |  |  |  | Fee Code   Fee (\$) |  |  |  |  |  |  | Fee Code   Fee (\$) |  |  |  |  |  |  | Fee Description |  |  |  |  |  |  | Fee Paid |  |  |  |  |  |  | 101 710 201 355 Utility filing fee | \$ 710 | 115 | 110 | 215 | 55 | Extension for reply within first month | \$ | 106 320 206 160 Design filing fee | \$ | 116 | 390 | 216 | 195 | Extension for reply within second month | \$ | 107 490 207 245 Plant filing fee | \$ | 117 | 890 | 217 | 445 | Extension for reply within third month | \$ | 108 710 208 355 Reissue filing fee | \$ | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | \$ | 114 150 214 75 Provisional filing fee | \$ | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | \$ | <b>SUBTOTAL (1)</b> | \$ 710 | 119 | 310 | 219 | 155 | Notice of Appeal | \$ | <b>2. EXTRA CLAIM FEES</b> |  |  |  |  |  |  |  | Extra Fee from Claims below | Fee Paid |  |  |  |  |  |  | Total Claims / 30/ -20** = /10/ x /18/ = | \$ 180 | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | \$ | Independent Claims /4/ - 3** = /1/ x /80/ = | \$ 80 | 121 | 270 | 221 | 135 | Request for oral hearing | \$ | Multiple dependent / / x / / = | \$ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | \$ | Large Entity   Small Entity |  |  |  |  |  |  |  | Fee Code   Fee (\$) |  |  |  |  |  |  |  | Fee Code   Fee (\$) |  |  |  |  |  |  |  | Fee Description |  |  |  |  |  |  |  | 103 18 203 9 Claims in excess of 20 |  | 140 | 440 | 243 | 220 | Design issue fee | \$ | 102 80 202 40 Independent claims in excess of 3 |  | 144 | 600 | 244 | 300 | Plant issue fee | \$ | 104 270 204 135 Multiple dependent claim if not paid |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | 109 80 209 40 **Reissue independent claims over original patent |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ | 110 18 210 9 **Reissue claims in excess of 20 and over original patent |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | \$ | <b>SUBTOTAL (2)</b> | \$ 260 | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | \$ 40 | <b>SIGNATURE:</b>  |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection(37 CFR 1.129(a)) | \$ | R. Kent Roberts   Reg. No. 40,786 |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | \$ | <b>DATE:</b> April 5, 2001 <b>Telephone:</b> (716) 848-1510 |  | *Reduced by basic filing fee paid |  |  |  | <b>SUBTOTAL (3)</b> | \$ 40 |
|--|--|-----------------------------------|----------------|-----------------|--|--|-----------------|----------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-----|-----|-----|----|-------------------------------------|----|---|-----|----|-----|----|--|----|--|--|--|--|--|--|--|--|-----|-----|-----|-----|---------------------------|----|------------------------|-----|-------|-----|-------|--|----|----------------------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|----------|--|--|--|--|--|--|------------------------------------|--------|-----|-----|-----|----|--|----|-----------------------------------|----|-----|-----|-----|-----|---|----|----------------------------------|----|-----|-----|-----|-----|--|----|------------------------------------|----|-----|-------|-----|-----|---|----|---------------------------------------|----|-----|-------|-----|-----|--|----|---------------------|--------|-----|-----|-----|-----|------------------|----|----------------------------|--|--|--|--|--|--|--|-----------------------------|----------|--|--|--|--|--|--|--|--------|-----|-----|-----|-----|--|----|---|-------|-----|-----|-----|-----|--------------------------|----|--------------------------------|----|-----|-------|-----|-------|---|----|-----------------------------|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|-------------------------------------|--|-----|-----|-----|-----|------------------|----|---|--|-----|-----|-----|-----|-----------------|----|--|--|-----|-----|-----|-----|-------------------------------|----|---|--|-----|----|-----|----|---|----|--|--|-----|-----|-----|-----|--|----|---------------------|--------|-----|----|-----|----|--|-------|---|--|-----|-----|-----|-----|--|----|-----------------------------------|--|-----|-----|-----|-----|--|----|---|--|-----------------------------------|--|--|--|---------------------|-------|
| Deposit Account Number:  | Large Fee Code   | Entity Fee (\$)                   | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid   |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 08-2442  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Deposit Account Name: Hodgson Russ LLP   |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  | 105  | 130                               | 205            | 65              | Surcharge - late filing fee or oath                    | \$   |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  | 127  | 50                                | 227            | 25              | Surcharge - late provisional filing fee or cover sheet | \$   |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:   |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | 139  | 130                               | 139            | 130             | Non-English specification                              | \$   |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>FEE CALCULATION</b>   | 147  | 2,520                             | 147            | 2,520           | For filing a request for reexamination                 | \$   |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>1. FILING FEE</b>   |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Large Entity   Small Entity  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Code   Fee (\$)  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Code   Fee (\$)  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Description  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Paid   |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 101 710 201 355 Utility filing fee   | \$ 710   | 115                               | 110            | 215             | 55   | Extension for reply within first month                                     | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 106 320 206 160 Design filing fee  | \$   | 116                               | 390            | 216             | 195  | Extension for reply within second month                                    | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 107 490 207 245 Plant filing fee   | \$   | 117                               | 890            | 217             | 445  | Extension for reply within third month                                     | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 108 710 208 355 Reissue filing fee   | \$   | 118                               | 1,390          | 218             | 695  | Extension for reply within fourth month                                    | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 114 150 214 75 Provisional filing fee  | \$   | 128                               | 1,890          | 228             | 945  | Extension for reply within fifth month                                     | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>SUBTOTAL (1)</b>  | \$ 710   | 119                               | 310            | 219             | 155  | Notice of Appeal   | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>2. EXTRA CLAIM FEES</b>   |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Extra Fee from Claims below  | Fee Paid   |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Total Claims / 30/ -20** = /10/ x /18/ =   | \$ 180   | 120                               | 310            | 220             | 155  | Filing a brief in support of an appeal                                     | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Independent Claims /4/ - 3** = /1/ x /80/ =  | \$ 80  | 121                               | 270            | 221             | 135  | Request for oral hearing   | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Multiple dependent / / x / / =   | \$   | 138                               | 1,510          | 138             | 1,510  | Petition to institute a public use proceeding                              | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Large Entity   Small Entity  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Code   Fee (\$)  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Code   Fee (\$)  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| Fee Description  |  |                                   |                |                 |  |  |                 |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 103 18 203 9 Claims in excess of 20  |  | 140                               | 440            | 243             | 220  | Design issue fee   | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 102 80 202 40 Independent claims in excess of 3  |  | 144                               | 600            | 244             | 300  | Plant issue fee  | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 104 270 204 135 Multiple dependent claim if not paid   |  | 122                               | 130            | 122             | 130  | Petitions to the Commissioner  | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 109 80 209 40 **Reissue independent claims over original patent  |  | 123                               | 50             | 123             | 50   | Petitions related to provisional applications                              | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent   |  | 126                               | 240            | 126             | 240  | Submission of Information Disclosure Statement                             | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>SUBTOTAL (2)</b>  | \$ 260   | 581                               | 40             | 581             | 40   | Recording each patent assignment per property (times number of properties) | \$ 40           |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>SIGNATURE:</b>   |  | 146                               | 710            | 246             | 355  | Filing a submission after final rejection(37 CFR 1.129(a))                 | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| R. Kent Roberts   Reg. No. 40,786  |  | 149                               | 710            | 249             | 355  | For each additional invention to be examined (37 CFR 1.129(b))             | \$              |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |
| <b>DATE:</b> April 5, 2001 <b>Telephone:</b> (716) 848-1510  |  | *Reduced by basic filing fee paid |                |                 |  | <b>SUBTOTAL (3)</b>  | \$ 40           |          |         |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |     |     |    |                                     |    |   |     |    |     |    |  |    |  |  |  |  |  |  |  |  |     |     |     |     |                           |    |                        |     |       |     |       |  |    |                      |  |  |  |  |  |  |                             |  |  |  |  |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |                 |  |  |  |  |  |  |          |  |  |  |  |  |  |                                    |        |     |     |     |    |  |    |                                   |    |     |     |     |     |   |    |                                  |    |     |     |     |     |  |    |                                    |    |     |       |     |     |   |    |                                       |    |     |       |     |     |  |    |                     |        |     |     |     |     |                  |    |                            |  |  |  |  |  |  |  |                             |          |  |  |  |  |  |  |  |        |     |     |     |     |  |    |   |       |     |     |     |     |                          |    |                                |    |     |       |     |       |   |    |                             |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |                                     |  |     |     |     |     |                  |    |   |  |     |     |     |     |                 |    |  |  |     |     |     |     |                               |    |   |  |     |    |     |    |   |    |  |  |     |     |     |     |  |    |                     |        |     |    |     |    |  |       |   |  |     |     |     |     |  |    |                                   |  |     |     |     |     |  |    |   |  |                                   |  |  |  |                     |       |

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